



UTILITY ASSISTANCE GRANT APPLICATION

and CERTIFICATION OF FINANCIAL HARDSHIP RELATED TO COVID-19

Name(s): _____

City Utility Account Number: _____ Phone Number: _____

Service Address (Pasco, WA): _____

Mailing Address _____ City _____

State _____ Zip Code _____ E-Mail _____

PROOF OF COVID-19 RELATED HARDSHIP CAN BE IN ONE OR MORE OF THE FOLLOWING CATEGORIES.

A. INCREASED HOUSEHOLD EXPENSES RELATED TO COVID-19 (if applicable)

Since March 01, 2020, household expenses have increased by approximately \$_____ per month for the following COVID-19 related reasons:

Attach additional pages if necessary

B. LOSS OF INCOME RELATED TO COVID-19

One or more of the adults in the household who contribute to the payment of utilities (*check all that apply*):

- Was laid off or lost our job when a place of employment closed due to COVID-19.
- Worked fewer hours when our place of employment reduced worker hours due to COVID-19.
- Earned less income (if self-employed or an independent contractor) due to a reduction in work due to COVID-19.
- Had to leave job because schools were closed and/or daycare closures and had no childcare.
- Experienced some other impact from COVID-19.

DESCRIBE IMPACT:

Attach additional pages if necessary

C. OTHER FINANCIAL HARDSHIP (if applicable)

Since March 01, 2020, the household has suffered financial hardship directly related to the COVID-19 public health emergency, as described below:

Attach additional pages if necessary



D. DOCUMENTATION

Documents MUST be submitted with this application. Failure to attached documentation will cause denial of your application.

- 1) A copy of a valid form of identification such as a Washington State driver’s license or State ID.
- 2) Proof of Hardship Documentation - documents should show proof you have financial impact directly related to COVID-19 (examples include below, but are not limited to these):
 - o Notice from employer of layoff or reduction in hours/pay or business closure.
 - o Paystub from pre-COVID-19 along with recent paystub showing a reduction in hours/pay.
 - o Letter from physician supporting the change in your work status due to COVID-19 circumstances.
 - o Notice or letter from child’s school or childcare closure that prevents you from working.
 - o 2019 W2 and a recent paystub showing a reduction of income.
 - o Other documents that show proof you had financial impact directly related to COVID-19.

CERTIFICATIONS AND SIGNATURE

CERTIFICATION OF FINANCIAL HARDSHIP

The undersigned hereby certify and attest that:

- 1) Because of the loss of income and/or increase in expense described above, the household cannot pay the utilities due and have enough money left to pay for rent, food, medical and related expenses, health insurance premiums, child care, and job-related transportation expenses.
- 2) The non-payment of utilities due is caused by a financial impact from COVID-19 as described above.
- 3) The information provided in this form is a true and accurate statement of the financial hardship the household has experienced related to COVID-19.

CERTIFICATION OF CITIZENSHIP

I attest, under penalty, that I am (check one of the following boxes):

- A citizen of the United States.
- A noncitizen national of the United States.
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
some aliens may write "N/A" in the expiration date field.

NOTICE

This document is a formal application for utility debt relief through federal stimulus funding (“CARES Funds”) under Section 601(a) of the Social Security Act, as amended by Section 5001 of the Coronavirus Aid, Relief, and Economic Security Act and Section V and VI of the CARES Act (“CARES Act”) for the limited purposes identified in the Interagency Agreements between the Washington State Department of Commerce, and the City of Pasco.

If it is determined during the course of any subsequent audit by the City of Pasco, the State of Washington or the United States Government, that the utility customer was not entitled to any CARES funds that they received either in error or by false attestation, the customer will promptly reimburse the City for such payments upon request or have the amount added to their utility account balance.

As a condition of receiving federal assistance, you authorize the release of all information in this application to be shared with the City of Pasco and other agencies administering CARES funds.

I SWEAR UNDER PENALTY OF PURJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. If any information provided on this application is found to be false or incorrect, the applicant will be deemed immediately in default, and all credits applied by the City to the applicant's utility account will be reversed.

SIGNED AND ATTESTED AS TRUE, as of the date set forth below:

Customer Signature _____

Printed Name: _____

Date: _____